PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pa	respond to a collection of information unless it displays a valid OMB control number Complete if Known Application Number 10/526,493-Conf. #7351							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009								
				Application Number		March 30, 2006		
				Filing Date First Named Inventor		IBRAHIM, Ibrahim		
				Examiner Name		DIETRICH, Joseph M.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3762		
		(\$) 0.00		Attorney Docket No.		22409-00360-US		
1,,,				Talion of Books (14).				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: Connolly Bove Lodge & Hutz LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of gee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI	LING FEES	SE	ARCH FEES	EXAMIN	IATION FEES		
Application Ty	<u>/pe </u>	Small Entity (5) Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330	165	540	270	220	110	1000	<u>ι αια (ψ)</u>
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims						Multiple Dependent Claims		
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$)			F	ee Paid (\$)				
3	- 3 =	x =		(4)				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge):								
SUBMITTED BY								
Signature	/Michael G. Verg	a/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 33	31-7111
Name (Print/Type)				(:o.iioj., igoiit)	· · · · · · · · · · · · · · · · · · ·	Date	January :	